U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U. TBA		2. Fiscal Year Covered From:	
1366	1	1 / 1 / 2004	Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and address of l	abor organization.
Name Roger	Johnson	Name Electrical Workers	IBEW Local #208
		Labor Organization File Number	312-622
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Numb	er, if any
Street 248 Pearsall Place		Street 43 North Avenue	
City Bridgeport	•	City Norwalk	and the second s
State Connecticut	ZIP Code + 4 06605	State Connecticut	ZIP Code + 4 06851-3816

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name None	None
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	The second was a second was a second with the second was a second with the second was a second w
City	
State ZIP Code + 4	is the state of the second of

Signature

15. Signature and verification. The undersigned declares, under penalty of F		
submitted in this report-(including the information contained in any accompany)		
undersigned's knowledge and belief, true, correct, and complete. (See the sec	tion on penalties in the instruction:	s.)
Signed Some The	on 8.14.05	703-323-6545
Signed Transfer of the signed		
	Date	Telephone Number

File I	Number	U	17	A

Name of Person Filing Roger Johnson

B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name  Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name So CT IBEW Pension Fund	11.a. Nature of such dealing.  Received a meal
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 60 North Main Street	11.b. Approximate dollar value of such dealing. \$52
City Wallingford	12.a. Nature of interest held or income received.
State Connecticut ZIP Code + 4	
	12.b. Amount.

or from any labor relations consultant t			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

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-IIE	Number	Ų٠	IV	

B. Held an interest in or derived income or economic benefit with monets substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor or	r otherwise dealing with the business is actively seeking to represent, or y or indirectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any:	a. Labor Organization  X b. Trust		
P.O. Box, Bldg., Room No., if any Street	c. Employer		
City State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name So CT IBEW Health Fund	11.a. Nature of such dealing.  Received a meal		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street	11.b. Approximate dollar value of such dealing. \$120		
City Wallingford  State Connecticut ZIP Code + 4	12.a. Nature of interest held or income received.  None		

13.a. Name and address of Employer of (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

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- 11 -	N. C L	10	4
-ue	Number U-	TB	IJ

Name of Person Filing Roger Johnson

B. Held an interest in or derived income or a substantial part of which consists of buying of an employer whose employees your labo (2) any part of which consists of buying from dealing with your labor organization or with	from, selling or leasing to, or other r organization represents or is acti n or selling or leasing directly or inc	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including	trade name, if any).	9. Business deals with:	
Name Amalgamated Bank			
Trade Name, if any:		a. Labor Organization	
	•	b. Trust	
P.O. Box, Bldg., Room No., if any		c. Employer	
Street 15 Union Square			
City New York			
State New York	ZIP Code + 4 10003		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	
Name		Received a meal	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street.		11.b. Approximate dollar value of such dealing. \$4	1
City		12.a. Nature of interest held or income received.	
State	ZIP Code + 4	None	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment. None	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	)	14.b. Amount of payment.	

12.b. Amount.

	Name	of Pers	on Filing	Roger	Johnson
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File Number U- TBA

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 60 North Main Street  City Wallingford				
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name. Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street  City Wallingford  State Connecticut  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  \$8  12.a. Nature of interest held or income received.	8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Street City State ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name. Name So CT IBEW Annuity Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 60 North Main Street City Wallingford State Connecticut ZIP Code + 4  11.a. Nature of such dealing. Provided meals  11.a. Nature of such dealing. 97  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	Name	a. Labor Organization		
Street City State ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name. Name So CT IBEW Annuity Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 60 North Main Street City Wallingford State Connecticut ZIP Code + 4  11.a. Nature of such dealing. Provided meals  11.a. Nature of such dealing. Provided meals  11.a. Nature of interest held or income received.	Trade Name, if any:	A C. b. Taust		
Street City State ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name. Name So CT IBEW Annuity Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 60 North Main Street City Wallingford State Connecticut ZIP Code + 4  11.a. Nature of such dealing. Provided meals  11.a. Nature of such dealing. Provided meals  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	P.O. Box, Bldg., Room No., if any	X p. Irust		
State ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street  City Wallingford  State Connecticut ZIP Code + 4  11.a. Nature of such dealing.  Provided meals  11.a. Nature of such dealing.  Provided meals  11.a. Nature of interest held or income received.	Street	ç. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street  City wallingford  State Connecticut  ZIP Code + 4  11.a. Nature of such dealing.  Provided meals  11.a. Nature of such dealing.  Provided meals  11.a. Nature of interest held or income received.	City			
Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street 60 North Main Street  City Wallingford  State Connecticut  ZIP Code + 4  11.b. Approximate dollar value of such dealing.  \$8  12.a. Nature of interest held or income received.	State ZIP Code + 4			
Name So CT IBEW Annuity Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street  City wallingford  State Connecticut ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	10. If 9.b. or 9.c. is checked give trust or employer's name.	·		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 60 North Main Street  City Wallingford  State Connecticut ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	Name So CT IBEW Annuity Fund	Provided meals		
Street 60 North Main Street  City Wallingford  State Connecticut  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	Trade Name, if any:			
City Wallingford  State Connecticut ZIP Code + 4	P.O. Box, Bldg., Room No., if any			
State Connecticut  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$8  12.a. Nature of interest held or income received.	Street 60 North Main Street			
12.a. Nature of interest held or income received.	City Wallingford			
	State Connecticut ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$87		
12.b. Amount.		12.a. Nature of interest held or income received.		
12.b. Amount.				
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12.b. Amount.				
i 12.b. Amount.				
		12.b. Amount.		